# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043201
STATE FILE NUMBER

Registration District No. 63   Primary Registration District No. 5251   Registrar's No. 48

FILED NOV 18 1963

**DO NOT WRITE ON THIS STUB**  **AMENDED**

VS 300 Rev. 4/59

DATE AMENDED

| ITEM NO. | |
|---|---|
| 1 | 0210 |
| 2 | 0210 |
| 3 | |
| 4 | 0 |
| 5 | 1 |
| 6 | |
| 7 | 0 |
| 8 | 2 |
| 9 | 4/201 |
| 10 | |
| 11 | |
| 12 | 90-2 |
| 13 | 2-0 |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF / SHOULD READ

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

**1. PLACE OF DEATH**
a. COUNTY: Chariton
b. CITY OR TOWN: Mendon Township   Length of stay in 1b: 2 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Inside Limits Yes ☐ No ☐

**2. USUAL RESIDENCE**
a. STATE: Missouri   b. COUNTY: Chariton
c. CITY OR TOWN: Mendon   Inside Limits Yes ☐ No ☒
d. STREET ADDRESS: 6 Mi. Southeast   Reside on Farm Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print)
First: Nyle   Middle: —   Last: Bloss

**4. DATE OF DEATH**: 11-13-63

**5. SEX**: M   **6. COLOR OR RACE**: W   **7.** Married ☒  Never Married ☐  Widowed ☐  Divorced ☐
**8. DATE OF BIRTH**: 12/25/1914   **9. AGE**: 48   Months 10  Days 18

**10a. USUAL OCCUPATION**: Farmer   **10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE**: Sumner Mo   **12. CITIZEN OF WHAT COUNTRY**: USA

**13a. FATHER'S NAME**: Charles Bloss   **13b. MOTHER'S MAIDEN NAME**: Lydia Ishmel
**14. NAME OF HUSBAND OR WIFE**: Dorothy Bloss

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**:
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT**: 15- Dorothy Bloss Mendon Mo   Address

**18. CAUSE OF DEATH**
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion with infarction   INTERVAL: 6 min
DUE TO (b): Coronary insufficiency   3 years
DUE TO (c): Previous infarction   3 "

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH:

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒
**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.**
**20c. TIME OF INJURY**: Hour a.m. p.m.   Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**20e. PLACE OF INJURY**:   **20f. CITY, TOWN, OR LOCATION**:   COUNTY   STATE

**21.** I attended the deceased from 1-15-1954 to ___ and last saw him alive on 11-13-63
Death occurred at 4:30

**22a. SIGNATURE**: C.C. Enoch DO   (Degree or Title)
**22b. ADDRESS**: Brookfield Mo
**22c. DATE SIGNED**: 11-15-63

**23a. BURIAL, CREMATION, REMOVAL**: Burial   **23b. DATE**: 11/16/63   **23c. NAME OF CEMETERY OR CREMATORY**: Lakeside   **23d. LOCATION**: Sumner Mo
**24. FUNERAL DIRECTOR**: S.L. Leipard Mendon Mo   **25. DATE RECD. BY LOCAL REG.**: Nov 15-1963   **26. REGISTRAR'S SIGNATURE**: Lloyce Smith

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1963

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____          Signed___*S. L. Leipard*___
　　　　Signature of Student Embalmer

Licensed Embalmer No. *3970*

P. O. Address *MENdoN Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
　　If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
　　If this body is not embalmed, fact should be so stated above.